

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016627

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 177

STATE FILE NUMBER

FILED APR 19 1963

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		c. CITY OR TOWN Marionville	
Length of stay in lb 12 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Howpital		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First Berty Middle Gertrude Last Garrison		4. DATE OF DEATH Month APRIL Day 11 , Year 1963	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Lazereth Haynes		13b. MOTHER'S MAIDEN NAME Sarah Jane Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Tom Reser, Marionville, Missouri.		14. NAME OF HUSBAND OR WIFE Henry Garrison	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart - Internal Hemorrhage DUE TO (b) Reverb. Throat with DUE TO (c) Angio to Parvian RD. CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:50 a.m. Month, Day, Year April 11, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Marionville, Missouri.	
21. I attended the deceased from 1940 to April 11, 1963 and last saw her alive on April 11, 1963 Death occurred at 9:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. P. Capet M.D.	
22b. ADDRESS Marionville, Mo.		22c. DATE SIGNED 4-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 13, 1963	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
23d. LOCATION (City, town, or county) (State) Marionville, Missouri.		24. FUNERAL DIRECTOR Bradford-Surridge, Marionville, Mo.	
25. DATE RECD. BY LOCAL REG. 4-15-63		26. REGISTRAR'S SIGNATURE Keaghl G. Langley	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Capet
USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William A. Fulk

Licensed Embalmer No.

4658

P. O. Address

Merionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.